

Application for ETT Instructor Recertification

Section of Community Health and Emergency Medical Services

Box 110616

Juneau, AK 99811-0616

Phone: (907)465-3027/FAX:465-4101

Name:

Address:

Certification Number:

- ☐ Completed and signed application.
- ☐ Evidence of current EMT certification, or license as registered nurse, paramedic, mid-level practitioner, or physician.
- ☐ Recommendation from state approved EMS service confirming you have been the primary instructor for at least one ETT, or EMT-I course within preceding two years. (A letter or completion of the recommendation on the reverse side of this form is required).

ETT Instructor Teaching Experience

Subject	Location	Date	Hours
ETT Course			
EMT-I Course			

Current Certification

<i>Level: (EMT, PA, etc.)</i>	<i>Certificate or license number:</i>	<i>Date certificate/license expires:</i>
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Recommendation

Our agency recommends that this applicant be recertified as an Emergency Trauma Technician in Alaska and confirms that the applicant has been the primary instructor for at least one ETT, or EMT-I course within preceding two years.

Signature

Date

Printed Name

Name of Agency

<i>Notary Public Available</i>	
<p>I certify under penalty of perjury that the foregoing is true and accurate.</p> <p>_____</p> <p>Signature of Applicant Date</p> <p>THIS IS TO CERTIFY that on this ____ day of _____, 19____, before me appeared _____ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.</p> <p>_____ My Commission Expires _____</p>	
<i>No Notary Public Is Available</i>	
<p>I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.</p> <p>_____</p> <p>Signature of Applicant Date</p> <p>_____</p> <p>Location</p> <p>_____</p> <p>Signature of State Approved EMS Certifying Officer</p>	

This application for recertification should be completed and returned to the Section of Community Health & EMS on or before your expiration date. If you have questions regarding the recertification process, please call the Section at (907)465-3027.